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ID DISEASE OR CONDITION DISEASE OR COND	MA	NO NO 491-18-1408 Mrs. Ruth Hall 3838 Park Av								
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(Licensed Embelmer's Statement on Reverse Side)]]	APR 2 7 1953	1 Com	elesmeth	mastos A	Naum	rd ser	9 S. S. Rand		
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embaln	ned by me, or by
	Student Embalmer	
vorking under my personal supervision.	,	

Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.